



A Surprising Attempt for Urinary Incontinence

İdrar Kaçırma için Şaşırtıcı Bir Girişim

İdrar Kaçırma / Urinary Incontinence

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Özet

İdrar kaçırma şikayeti olan kadınların çoğunluğu, çok sayıda tedavi seçeneği olmasına rağmen, tedavi için başvurmamaktadır. İdrar kaçırmanın tedavisi için kendi kendine ceviz kullanan bir kadın hasta olgusunu sunmaktayız.

Anahtar Kelimeler

Ceviz; İdrar Kaçırma; Tedavi

Abstract

Although there are various treatment types, majority of women with urinary incontinence do not seek care for that disorder. We present a case of woman who used a walnut for the treatment of urinary incontinence by herself.

Keywords

Treatment; Urinary Incontinence; Walnut

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Introduction

The International Continence Society defines urinary incontinence as the complaint of any involuntary leakage of urine [1]. It can cause to a depressive status and negatively impact the quality of life [2]. A wide range of treatments have been used to manage urinary incontinence by conservative and pharmacological means. Although there are various treatment types, majority of women with urinary incontinence do not seek care for that disorder. We present a case of women who used a walnut for the treatment of urinary incontinence by herself.

Case Report

A 78-year-old woman from rural area was admitted to our clinic with a history of inserting a walnut inside a hygienic pad as a plug to the uretra. She told that she had urinary incontinence for five years and one of her friends advised her to use walnut for the prevention of urinary incontinence. She had used a walnut inside a hygienic pad yesterday and told that she couldn't see the walnut after removing pad and thought that it was escaped to the bladder. Urethral meatus was normal on inspection. In digital vaginal examination, a hard body was felt inside vagina. A speculum was inserted into vagina and the walnut became visible. The appearance of walnut at the introitus of vagina is seen in Figure 1.

After that we took the walnut out manually (Figure 2). We also performed cystoscopy and uretra and bladder was normal. Urinalysis revealed five to six leukocytes and six to seven erythrocytes per high power field, but a urine culture remained sterile. All other laboratory findings including a complete blood count, blood biochemistry profile were within normal levels. The patient tolerated the procedure well, and was discharged from the hospital 2 hours after procedure.



Figure 1. The appearance of walnut at the introitus of vagina



Figure 2. The appearance of removed walnut from the patient.

Discussion

Çetinel et al reported that the crude prevalence of urinary incontinence was found to be 35.7% in Turkey [3]. In that study, although age, amount of urine loss, frequency, type, and bothersome degree of urinary incontinence significantly affected help-seeking behavior, only bothersome urinary incontinence was found to be an independent risk factor on multivariate analysis. Although degree of bothersome significantly increased the likelihood of treatment-seeking behavior of incontinent women in that study, the majority (83%) with bothersome urinary incontinence did not seek care [3]. In another study, Lee et al. reported

that although women had suffered urinary incontinence symptoms, only 12.6% had ever consulted a physician about treatment for that disorder, and only 0.8 % had ever been treated surgically [4]. In the United States 45% of all incontinent women and 56% of women who were moderately to extremely bothered by urinary incontinence had consulted a physician [5] and in a study of four European countries the consultation rate was 31% [6]. These results show that majority of women with urinary incontinence do not seek care for that disorder. Common reasons for not doing so include the perception that urinary incontinence is not an abnormal or dangerous condition or that its symptoms are part of natural aging, a low expectation of treatment benefit, a lack of knowledge about where to seek treatment, embarrassment, and other factors [7-9].

This case demonstrates importance of education. Information about all aspects of incontinence and its treatments should be available to patients so that patients better would be able to seek for help from doctors and to make informed choices about their treatment.

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